

APPLICATION FOR REGISTRATION FOR REAL ESTATE PROFESSIONAL CORPORATION

State Form 47914 (R2 / 7-02) Approved by State Board of Accounts, 2002 Indiana Real Estate Commission

the Indiana Department of Revenue.

Control number		

Date (month, day, year)

FEE: \$25.00

Federal I.D. number *

INSTRUCTIONS: Mail check or money order payable to: Indiana Professional Licensing Agency

302 West Washington Street, Room E034

Indianapolis, IN 46204

Professional Real Estate Corporations may be organized, upon compliance with the Professional Corporation Act of 1983, IC 23-1.5 and IC 23-1.5-2-3(a)(6).

Notification shall be given to the Secretary of State's office and the Indiana Real Estate Commission within thirty (30) days after a change of business address of the professional corporation, and the admission or withdrawal of shareholder, giving the names and addresses submitted to the Secretary of State's office and the Indiana Real Estate Commission.

* Your Federal I.D. number is requested pursuant to IC 4-1-8-1 and is not mandatory that it be given. Numbers are made available to

The proposed Corporation known as is engaged in the practice of Real Estate in this state and hereb Corporation Act of 1983, IC 23-1.5.	y makes application for r	egistration pursuant t	o the Professional
The principal office of the Corporation is:			
Name		Telephone number	
		()	
Address (number and street, city, state, ZIP code)		,	
List names and addresses of all about holders. At least one /4	Nahawahaldan musat ba lia	anaadin ladiana Ad	taab an additional
List names and addresses of all shareholders. At least one (1, 8 1/2" x 11" sheet if necessary.	i sharenolder must be lic	erisea iri indiaria. At	lacri ari addilioriai
Name and Address	Type of License Held	State of Licensure	Registration Number

List names and addresses of all the officers. State the type of license held, state of licensure, and registration number. The secretary and treasurer also need to be listed but are not required to be licensed in Indiana or another state. Attach an additional 8 1/2" x 11" sheet if necessary.					
Name and Address	Type of License Held	State of Licensure	Registration Number		
Name and Address	Type of Electrical Head	State of Electronic	registration ramser		
List names and addresses of all the directors. State the type of lice additional 8 1/2" x 11" sheet if necessary.	ense held, state of licensu	ıre, and registration	number. Attach an		
Name and Address	Time of License Hold	01-1(1!			
	Type of License Held	State of Licensure	Registration Number		
	Type of License Held	State of Licensure	Registration Number		
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	Type of License Held	State of Licensure	Registration Number		
	Type of License Held	State of Licensure	Registration Number		
	Type of License Held	State of Licensure	Registration Number		
I hereby certify that the above information is true and correct.	Type of License Held	State of Licensure	Registration Number		